POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	1119		07-09-01	
O.I.P.E. CLASSIFIER	,		,	
FORMALITY REVIEW	L-I.	1106	7/27/01	
RESPONSE FORMALITY REVIEW	C6	SACVE	12/12 (1	

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	IInterference
 (Through numeral) Canceled 	A Appeal
÷ Restricted	O Objected

÷ Hestricted U Objected						
Claim	Date	Claim Date	Claim	Date		
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If more than 150 claims or 10 actions staple additional sheet here

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